



Iowa Department of Human Services

Medicaid e-News

Important Reminders:



Not All Iowa Medicaid Members are Included in the Transition to Managed Care

There are some Iowa Medicaid members who are **not** included in the transition to managed care. These members will continue to use their Iowa Medicaid member eligibility cards. They **will not** be issued new ID cards. This includes members in the following groups or programs:

- Health Insurance Premium Payment program (HIPP)
- Medicare Savings Program (MSP) only.
 - Qualified Medicare Beneficiary plan (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
- Medically Needy program, also known as the spenddown program
- Presumptively eligible members (subject to change once ongoing eligibility is determined)
- Newly eligible members who are in their Fee-for-Service period before their MCO coverage begins

Some members will remain in Medicaid Fee-for-Service (FFS), though they may choose to opt-in to the managed care program:



Coverage has Begun!

Choice Continues:

Members can continue to make changes in MCO selection for any reason until **June 16, 2016**, and after for 'Good Cause.'

[Iowa Medicaid Member Services](#)

1-800-338-8366

MCO Member Services

[Amerigroup Iowa, Inc.](#)

1-800-600-4441

[AmeriHealth Caritas](#)

1-855-332-2440

[United Healthcare Plan of the River Valley, Inc.](#)

1-800-464-9484

Non-Emergency Medical Transportation

Each of the Managed Care Organizations

- Members who are enrolled with the PACE program
- American Indian or Alaskan Natives

When providers verify eligibility through the Eligibility Verification System (ELVS), it will indicate their eligibility type, including whether the member has coverage through an MCO or if they are covered through FFS.

Claim Payments Have Begun

All three MCOs have begun paying claims. While many providers are accustomed to an end-of-month billing cycle, providers are encouraged to begin submitting claims early. This will allow providers time to ensure they are prepared to file claims with the new MCOs, and be paid without delay.

Public Notice:

Iowa Health and Wellness Plan Update

The Iowa Department of Human Services (DHS) will hold public hearings on the renewal of the Iowa Wellness Plan Demonstration Waiver, which is set to expire December 31, 2016. DHS intends to extend this waiver for an additional three years.

In addition, DHS is seeking to terminate the Marketplace Choice Demonstration Waiver, which is also set to expire December 31, 2016, as there are no current Marketplace Choice enrollees. The State will continue to contract with managed care organizations to deliver high quality health care services for the majority of Iowa Wellness beneficiaries.

Iowa Wellness Plan (IWP) Waiver Extension Request

Marketplace Choice (MPC) Waiver Termination Request

Public Notice

Tools and Resources:

Resource Guide for Providers' Front Desk Staff

The Iowa Medicaid Enterprise (IME) has put together a useful tool for administrative staff which includes important phone numbers, claims submission information and more.

Download and print the Managed Care Quick Reference Guide [here](#).

Verify Eligibility

The Eligibility and Verification Information System (ELVS) line is very busy during the first of the

(MCOs) has selected a transportation vendor. Members may contact their assigned MCO's non-emergency medical transportation (NEMT) broker at the numbers below to schedule their NEMT services:

Amerigroup Iowa Inc.
Logisiticare
1-844-544-1389

AmeriHealth Caritas, Iowa Inc.
Access2Care
1-855-346-9760

UnitedHealthcare Plan of the River Valley, Inc.
MTM
1-888-513-1613

New Provider

Informational Letters

Informational letters are posted through the Iowa Medicaid Portal Application (IMPA) system and are available on the DHS website [here](#). These letters communicate important policies and procedures for providers and their administrative staff.

Updated Communications Toolkit

The IA Health Link Communications Toolkit has been updated with the April 1, 2016, launch date and is full of resources including FAQs, social media posts, images,

month. The [ELVS web portal](#) is another option for providers in lieu of calling the ELVS line but each provider must enroll through the Electronic Data Interchange Support Services (EDISS).

Login ID and password may be obtained through EDISS by submitting the following [Access Request Form](#) to EDISS or calling EDISS at 1-800-967-7902.

For more information, please see Informational Letter 1650-MC available [here](#).

Prior Authorization Requirements

From April 1-30, 2016, no prior authorizations (PAs) will be required, **except** for pharmacy drug claims.

During the first 90 days of the transition, all existing prior authorizations will be honored. During this 90-day grace period, providers will be able to establish new authorizations following the policies of the member's selected MCO.

Download and print the PA requirements by plan [here](#) .

Informational Letter 1628-MC provides important direction on the PA process during this transition. Please read it carefully. It can be found [here](#).

Managed Care Organization Provider Resource Pages Available

Comprehensive resource pages are available for each Managed Care Organization (MCO), featuring provider training manuals, webinars and important updates. You may view them below:

[Amerigroup.com/IAProvider](#)

[AmeriHealthCaritasIA.com/IAProvider](#)

[UHCCommunityPlan.com/IAProvider](#)

Looking for an Old Issue of the Medicaid e-News?

Each edition features useful tools and important updates. Now you can quickly access old issues to find what your looking for. Visit the [Iowa Medicaid newsletter page](#) where you'll find links to each issue.

links and more.
Download it below:

Communications Toolkit

Follow Us!



